

BP-A471_SUICIDE RISK ASSESSMENT

Institution			Interviewer			Date		
Name of Inmate			Register Number		Sex	Age		Race
Housing Status <input checked="" type="checkbox"/> DS <input type="checkbox"/> AD <input type="checkbox"/> HO <input type="checkbox"/> HOSP <input type="checkbox"/> POP			Length of Sentence		Time Served		Number of Prior Attempts	
Type of Attempt <input checked="" type="checkbox"/> Hangin <input type="checkbox"/> Cutting <input type="checkbox"/> Ingestion <input type="checkbox"/> Jumping <input type="checkbox"/> Other			Assessment of Lethality <div> <div> <div>LOW</div> <div> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 </div> </div> <div>MED</div> </div>					

REASON FOR REFERRAL

FINDINGS

ACTIONS

- ☒ A formal Suicide Watch is not warranted at this time
- ☐ A formal Suicide Watch is to be initiated

RECOMMENDATIONS
